## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/574095

| CLAIMS AS FILED - PART I  |  |   |   |                                   |                   |  |              |                     |                        |                         |                    |                        |
|---|--|---|---|-----------------------------------|-------------------|--|--------------|---------------------|------------------------|-------------------------|--------------------|------------------------|
|   |  |   | (Column 1)  |                                   | (Column 2)        |  | _            | SMALL EN            | TITY                   | OR                      | OTHER<br>SMALL     |                        |
| U.S. NATIONAL STAGE FEES  |  |   |   |                                   |                   |  | ]            | RATE                | FEE                    | 1                       | RATE .             | FEE                    |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150   |                                   | LAR               | GE ENT. = \$ 300   | 1            | BASIC FEE           | 150                    | OR                      | BASIC FEE          | <del> </del>           |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100               |                                   | 1 :               | ther situations = 100 / \$ 200                           |              | EXAM. FEE           | 100                    | 1                       | EXAM. FEE          | <del> </del>           |
| SEARCH FEE  |  |   | All other situations (ie. No<br>Search Rpt.)<br>= \$ 250 / \$ 500 |                                   | ALL               | ISA = \$50 / \$100<br>other countries =<br>\$200 / \$400 |              | SEARCH FEE          | 50                     |                         | SEARCH FEE         |                        |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =   |                                   |                   | / 50 =   |              | X \$ 125 =          |                        |                         | X \$ 250 =         | <del> </del>           |
| TOTAL CHARGEABLE CLAIMS   |  |   | // minus 20 = ,   |                                   | *                 |  |              | X \$ 25 =           |                        | OR                      | X \$ 50 =          |                        |
| INDEPENDENT CLAIMS  |  |   | minus 3 = ,   |                                   | *                 |  |              | X \$ 100 =          | <del></del>            | OR                      | X \$ 200 =         |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT   |                                   | <u>-</u>          |  |              | + \$ 180 =          |                        | OR                      | + \$ 360 =         | <u> </u>               |
| * If  | the difference                                 | less than zero                            | , enter "C  | " in co                           | lumn 2            | , ,  | TOTAL        | 300                 | OR                     | TOTAL                   |                    |                        |
| CLAIMS AS AMENDED - PART II   |  |   |   |                                   |                   |  |              |                     |                        |                         |                    | <u></u> _              |
|   | T  | T. T  | (Colur  | nn 2) (Column 3)                  |                   |  | SMALL ENTITY |                     | OR                     | OTHER THAN SMALL ENTITY |                    |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUME<br>PREVIO<br>PAID I  | BER<br>OUSLY      | PRESENT<br>EXTRA   |              | RATE                | ADDI-<br>TIONAL<br>FEE |                         | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                                |                   | =  |              | X \$ 25 =           |                        | OR                      | X \$ 50 =          |                        |
|   | Independent                                    | *   | Minus   | ***                               |                   | =  |              | X \$ 100 =          |                        | OR                      | X \$ 200 =         |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                   |                   |  | ľ            | + \$ 180 =          |                        | OR                      | + \$ 360 =         |                        |
|   |  |   |   |                                   |                   |  | •            | TOTAL ADDIT.<br>FFF |                        | OR                      | TOTAL ADDIT.       |                        |
|   |  | (Column 1)                                |   | (Colum                            | nn 2\             | (Column 3)   |              |                     |                        |                         |                    | ,                      |
| X   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ST<br>BER<br>USLY | PRESENT<br>EXTRA   |              | RATE                | ADDI-<br>TIONAL<br>FEE |                         | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                                |                   | =  |              | ·X \$ 25 =          |                        | OR                      | X \$ 50 =          |                        |
|   | Independent                                    | *   | Minus   | ***                               |                   | =  |              | X \$ 100 =          |                        | OR                      | X \$ 200 =         |                        |
|   | FIRST PRES                                     | ENTATION OF M                             | JLTIPLE DEPE  | NDENT C                           | LAIM              |  |              | + \$ 180 =          |                        | OR                      | + \$ 360 =         |                        |
|   |  |   |   |                                   |                   |  | •            | FFF                 |                        | or <sup>L</sup>         | OTAL ADDIT.<br>FFF |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |                                   |                   |  |              |                     |                        |                         |                    |                        |